

STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
EMPLOYER TAX SECTION  
ONE CAPITOL HILL - STE. 36  
PROVIDENCE, RI 02908-5829  
(401) 222-3682

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFERS**

RI EMPLOYER REGISTRATION NUMBER \_ \_ \_ \_ \_

TYPE OF TAX:           EMPLOYMENT SECURITY  
                              TEMPORARY DISABILITY INSURANCE  
                              JOB DEVELOPMENT FUND

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FIRST QUARTER THAT FUNDS WILL BE TRANSFERRED ELECTRONICALLY: \_\_\_\_\_

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Sections A, B and C below and page 2 must be completed by all taxpayers

**A.     COMPANY DATA**

COMPANY NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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**B.     CONTACT PERSON(S):**

Primary EFT contact person:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

Secondary EFT contact person:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

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**Signature of Owner, Partner or Officer of Corporation**

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**Date**

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**C. ACH CREDIT METHOD**

The **ACH CREDIT** is the only EFT method currently available.

If you are already remitting using the **ACH CREDIT** method with the Federal Government or for other state taxes, just return this form. If this is the first time that you will be using the **ACH CREDIT** method, you must have an **AUTHORIZED REPRESENTATIVE** of your bank complete and sign this section confirming that you and your bank are capable of initiating **ACH CREDITS** in the required CCD+ and TXP format.

**BANK NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Bank Representative**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Signature of Bank Representative**

\_\_\_\_\_  
**Date**

**This form must be completed and mailed to:**

**Electronic Funds Transfer Program  
Rhode Island Division of Taxation  
Employer Tax Section  
One Capitol Hill - STE. 36  
Providence, RI 02908-5829**